



At a Glance

June 30, 2015

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Breaking News

Elimination of the 5 Year Waiting Period for Lawfully Residing Children and Pregnant Women

Effective July 1, 2015, children and pregnant women who are lawfully residing in the United States and meet all other eligibility criteria will no longer have to meet the 5-year waiting period for Medicaid and the Child Health Plan *Plus* program, regardless of their date of entry. Currently, lawfully residing pregnant women who meet all program criteria are eligible for Medicaid and are exempt from meeting the 5 year waiting period.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) granted states the ability to provide benefits to children and pregnant women who are lawfully residing in the United States, and removed the five-year waiting period for Medicaid and CHP+ program.

In 2009, Colorado House Bill 09-1353 authorized the removal of the five-year waiting period for Medicaid and CHP+ eligibility for lawfully residing children and pregnant women. This bill was partially implemented in 2009 for Medicaid pregnant women. In 2014, funding for House Bill 09-1353 was provided effective July 1, 2014 to support the removal of the five-year waiting period for CHP+ pregnant women, , and CHP+ children and Medicaid children.

Changes to the Colorado Benefits Management System (CBMS) will be made to reflect the federal and state policy changes regarding the five-year waiting period.

For more information, please contact Ana.Bordallo@state.co.us or see our [FAQs](#).

Parking Placards for Persons with a Disability

The Department is conducting a large marketing push aimed at raising awareness about inappropriate use of parking spaces that are reserved for persons with a disability. The push includes ads running on local radio, information on certain websites, and signs on buses:



The Department is working with the Colorado Academy of Family Physicians to have this topic become a continuing education credit and is developing a "physician to physician" letter to help inform and influence providers about when it is and isn't appropriate to issue the applications allowing someone access to a placard. The letter includes the following:

Medical colleagues: We are asking for your help. You are our first line of defense to help stop abuse. If you have applications in your office, please note that this year they have changed and be sure that you have a copy dated 1/1/15 or later. Also:

- *Please make sure the applications are distributed only to persons who meet the specific criteria on the form.*
- *Each disabled family/person should get one form.*
- *The DMV will distribute 2 plates, placards or one of each.*
- *Please sign for the shortest span needed – 90 day forms can be renewed for one additional 90 day span.*

*Again, protect yourself and your patients. Know what you are signing. If knowingly misused or falsely signed, you can be fined up to \$500,000 for a class 4 felony, or \$1,000 for a class 1 misdemeanor. The bottom line is many people who are truly disabled are going home without groceries, prescriptions, or are late to medical appointments because they cannot find a parking spot for someone with a disability. Hence, people with disabilities are even further inconvenienced. We are making a statewide effort to help with education. We are hoping to educate those that park in disabled spots unlawfully, so that our population with disabilities has the same access as people without disabilities. This is not only about parking, but access to services, which is a **civil right**.*

To learn more, go to Coloradodisabilitycouncil.org or contact [Gina Robinson](mailto:Gina.Robinson@coloradodisabilitycouncil.org) by email or by phone at 303-866-6167.

Save the Date: Building Better Health 2015

Mark your calendar for this year's Building Better Health, the statewide health coverage open enrollment kick-off event, hosted by the Colorado Health Foundation in partnership with Connect for Health Colorado, the Colorado Consumer Health Initiative, the Colorado Department of Health Care Policy and Financing, the Colorado Division of Insurance, and PEAK Outreach.

In addition to providing training on the health coverage application process and Marketplace plan selection, attendees will have access to the latest uninsured data and coverage resources, with lots of time to network with other health coverage guides, assistance site navigators, certified application assistants, brokers, community-based organizations and advocates.

Building Better Health

September 28-29, 2015

Crowne Plaza DIA

15500 E 40th Avenue, Denver, CO 80239

Save the date now to join your colleagues and prepare for the 2016 open enrollment period. More details from the Colorado Health Foundation will be available soon.



ColoradoPAR New Vendor Notification

eQHealth Solutions was selected by the Department to provide utilization management services, which include review and authorization of prior authorization requests (PARs), for the [ColoradoPAR Program](#) beginning September 1, 2015. eQHealth Solutions is a not-for-profit population health management corporation with 28 years of utilization and quality management, information technology development, data analytics, and provider education and outreach experience.

Providers should continue to submit online PARs using the current provider portal, CareWebQI ([CWQI](#)). eQHealth Solutions will perform provider outreach and communication, including face-to-face meetings with providers and other stakeholders, beginning July 2015. A series of webinars to train providers on the new online PAR provider portal, eQSuite, will be scheduled during the month of August.

Please continue to look for updates regarding this transition in future [Provider Bulletins](#), on [CWQI](#), [ColoradoPAR.com](#), and the Department's [Prior Authorization Request Program](#) website.

Person- and Family-Centeredness Advisory Council Recruitment

The Department would like to grow the size of its Person- and Family-Centeredness Advisory Council (Advisory Council) to augment the robust feedback we have received to date. **We need your help** recruiting Medicaid and Child Health Plan *Plus* (CHP+) clients, or their parents and caretakers, to apply for the Advisory Council. More information can be found online about the Advisory Council at [Colorado.gov/HCPF/MFAC](#), including the application. Please encourage Medicaid and CHP+ members in your community to apply.

Changes to Medicaid Buy-In Program

As of April 2015, premiums for the Working Adults with Disabilities and Children with Disabilities Buy-In programs are charged beginning the month after determination of eligibility. Any premiums for the months prior to the determination of eligibility are waived. Additionally, individuals have the option to request to disenroll from either the Adult or Children's Buy-In. This is also called "opt out." The premium statement has been made clearer based on member and stakeholder feedback. Finally the [Frequently Asked Questions](#) for both programs have been updated and enhanced. All of these changes are intended to improve the member experience.

For more information, contact [Beverly Hirsekorn](#).

Department Annual Report

The Department is proud to release its 2014 annual report: **A Year of Collaboration, Building a Healthier Tomorrow Together**. [Check it out on our website!](#)

MAXIMUS Child Health Plan *Plus* Customer Service Contract Ending

Effective July 1, 2015 the MAXIMUS contract is completed. All work handled previously by MAXIMUS has been transitioned out successfully to the county Departments of Human Services and Denver Health.



To minimize disruption to clients, the CHP+ customer call center number remains the same and rings into Denver Health. The PO Box where payments are sent also remains the same. Walk in clients should go to Denver Health for in person assistance.

For more information and operational details on this transition, please visit the [website](#).

Targeted Rate Increases Update

Targeted rate increases on certain high value services take effect on July 1, 2015. The fee schedule is being updated to reflect these increases; however, the new rates cannot be paid to providers until we receive federal approval from the Centers for Medicare and Medicaid Services (CMS). The Department is working to attain approval from CMS in order to implement the rates on July 1, 2015, but it is likely that implementation of some rates will be delayed beyond that date. Rate increases will be loaded into the MMIS within a few weeks after federal approval.

The Department will provide monthly updates on implementation of the Targeted Rate Increases. Please refer to the online [Rate Increase Fact Sheet](#) and [Rate Increase FAQ](#) for more information.

For questions about Home and Community-Based Service Waivers, contact [Colin Laughlin](#); please contact [Tess Ellis](#) at for questions about all other services.

Provider Revalidation and Enrollment

Section 6401 (a) of the Affordable Care Act requires that **all enrolled Medicaid and Medicare providers and suppliers** revalidate their enrollment information under new enrollment screening criteria.

Beginning in September 2015, all existing Medicaid providers will simultaneously undergo revalidation while enrolling into our new Colorado interChange system. All existing Colorado Medicaid and CHP+ providers must revalidate and enroll by **March 31, 2016**.

For more information on the provider screening rule, see our [Provider Resources web page](#).

Coming in 2016: Colorado Medicaid is changing its name!



care and working collaboratively with partners and stakeholders.

The Department will be introducing a new look and name for the Medicaid program in May 2016. The new name and logo, shown here, reflects the Department's commitment to excellent customer service, fully engaging our members in their health

Over the next few months, we will be meeting with contractors, stakeholders and other partners to help them plan for this exciting change.

For more information, contact [Debbie Fimple](#).

New Medicaid ID Cards Coming in July

Some changes are being made to Medicaid ID cards issued after July 1, 2015. New cards will look very similar to the current cards, but will be made out of sturdy paper stock and will no longer contain a magnetic strip.

Current Medicaid ID cards are still valid; Medicaid members do not need to request new cards.

As a reminder, Medicaid members are only required to furnish their photo ID at appointments. Medicaid ID cards are not required to receive services. Providers should verify member identity and eligibility at each appointment. For additional information on how to verify member eligibility, see pages 22–24 of the [General Provider Information Billing Manual](#).

For more information, please contact [Kerri Coffey](#).

We Need You!

The Department is always looking for feedback and participation from our partners and the Coloradans we serve. If you, or someone you know, is interested in getting involved with our Department, check out CO.gov/hcpf/GetInvolved.

We have opportunities for everyone. The Department has a variety of [boards and committees](#) that are open to the public. Some boards and committees have members who are appointed by the governor and confirmed by the senate. We also have a recently launched [Person- and Family-Centeredness Advisory Council](#) for Medicaid and Child Health Plan *Plus* members.

Check it out and find the option that is right for you!

New Look for Colorado.gov/PEAK

The Colorado.gov/PEAK website has a new look and feel. Though there is a new look and improved navigation, all the programs are staying the same. For more information check out the [county and community partner FAQs](#) under PEAK Resources and Trainings. [Consumer FAQs](#) are also available on the website.

For more information, please contact [Wendy Riola](#).

Legislative Update

The first session of the 70th General Assembly came to a close on May 6, 2015. Per the state Constitution, the Colorado legislature is in session for no more than 120 days per year. The next session of the General Assembly begins on January 13, 2016.

More than 680 bills were introduced this year. Along with the Long Appropriations bill, the Department had two other bills:

[HB15-1079](#) Teen Pregnancy and Dropout Prevention Program

The bill allows the General Assembly to appropriate general fund moneys to implement and administer the teen pregnancy and dropout prevention program and extends the repeal date of the program from September 1, 2016 to September 1, 2020.

This bill was postponed indefinitely by the Senate Finance Committee on March 10, 2015.

[HB15-1186](#) Eliminate the Children with Autism Waitlist

The bill would increase the age for the waiver to 8, guarantee 3 years of services regardless of when a child enrolled, and increase the service cap limit and allow the cap to fluctuate in order to increase provider rates.

This bill was sent to the Governor on May 1, 2015.

[SB15-234](#) Long Appropriations Bill

Governor Hickenlooper signed the Long Bill on April 23, 2015.

For more information, please contact [Zach Lynkiewicz](#).

Other bills affecting the Department:

[HB15-1233](#) Respite Care Study Task Force

The bill creates the respite care task force to study the dynamics of supply and demand with regard to respite care services in Colorado.

Governor Hickenlooper signed this bill on May 29, 2015.

[HB15-1309](#) Protective Restorations By Dental Hygienists

The bill allows a dental hygienist to apply to the Colorado dental board for a permit to place interim therapeutic restorations (ITRs).

Governor Hickenlooper signed this bill on June 5, 2015.

[HB15-1318](#) Consolidate Intellectual and Developmental Disability Waivers

The bill requires the Department to administer a single HCBS waiver for services to adults with intellectual and developmental disabilities as soon as the Department receives federal authorization for the single waiver. The bill also requires the state department in collaboration with community-centered boards to develop a plan, no later than July 1, 2016, for the delivery of conflict-free case management services and a reasonable timeline for implementation of the plan.

Governor Hickenlooper signed this bill on June 5, 2015.

[HB15-1368](#) Cross-system Response Pilot Intellectual and Developmental Disabilities

The bill establishes the cross-system response for behavioral health crises pilot program (pilot program) to provide crisis intervention, stabilization, and follow-up services to individuals who have both an intellectual or developmental disability and a mental health or behavioral disorder and who also require services not available through an existing home- or community-based services waiver or not covered under the Colorado behavioral health care system. The pilot program will begin on or before March 1, 2016, and will consist of multiple sites that represent different geographic areas of the state.

Governor Hickenlooper signed this bill on June 5, 2015.

[SB15-011](#) Pilot Program Spinal Cord Injury Alternative Medicine

The bill extends the repeal date for the pilot program providing complementary and alternative medicine to certain individuals with spinal cord injuries. The bill specifies that a minimum of 100

eligible persons must be permitted to participate in the pilot program, and vacancies in enrollment may be filled at any point in the fiscal year. In addition, the bill extends the date for the independent evaluation of the pilot program.

Governor Hickenlooper signed this bill on June 5, 2015.

[SB15-137](#) **PACE Program Flexibility for Business Entity**

Under current law, nonprofit organizations are authorized to offer the program of all-inclusive care for the elderly (PACE program). If permitted by federal law, the bill authorizes public, private, and for-profit entities, in addition to nonprofit entities, to provide the PACE program.

Governor Hickenlooper signed this bill on May 8, 2015.

[SB15-228](#) **Medicaid Provider Rate Review**

The bill establishes a process for the Department to review provider fee rates. It requires the Department to establish a schedule of rates to be reviewed so that every rate is reviewed every 5 years. It authorizes out-of-cycle review of rates at the request of the JBC or the Medicaid provider rate review advisory committee established pursuant to the bill. In reviewing rates, the department first conducts an analysis of the access, services, quality, and utilization of the service and provides a report to the JBC and the committee. The Department then conducts a review of the report, including public meetings, with stakeholders. The Department works with the OSPB to develop recommendations within the overall state budget. Finally, the department submits a report to the JBC on the review and its recommendations on or before November 1 of each year.

Governor Hickenlooper signed this bill on June 5, 2015.

For more information, please contact [Zach Lynkiewicz](#).

Increase Enrollment

PEAK Resources and Trainings

New to PEAK or Need a Refresher?

The Intro to PEAK and Application Walk-Through recorded webinars are available anytime to watch at your convenience.

Watch On-Demand:

[Introduction to PEAK](#)

Application Walk-Through

[Medical Assistance Application](#)

[Food and Medical Assistance Application](#)

[Manage My Account](#)

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#) or tinyurl.com/peakoutreach.



The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule
- PEAK logo usage guidelines and files

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

For more information, contact PEAKOutreach@bouldercounty.org.

Improve Health Outcomes

Tobacco Cessation

Medicaid clients smoke at much higher rates than the general population (38.5% versus 13.3% among Coloradans with other insurance). Medicaid clients have low incomes and are less able to pay out-of-pocket for tobacco cessation treatments. These are reasons enough to help people on Medicaid quit smoking, but there are more: smoking-related disease costs the Colorado Medicaid program millions of dollars every year—estimated at \$437 million in 2013. Tobacco is the cause of many chronic illnesses, and the prevention of tobacco use is a goal for both public health and clinical health.

The Department of Health Care Policy and Financing has partnered with the Colorado Department of Public Health and Environment on the following policy changes:

- Medicaid will cover only one tobacco cessation product at one time, **except in the case of the NRT Patch and NRT gum/lozenge co-administration (combination therapy)**.
- The **prior authorization requirement** (PAR) for the first prescription of nicotine replacement therapy (NRT) gum or lozenge for Medicaid clients **has been removed**. Prior authorization will still be required for the NRT patch and for additional prescriptions of the gum or lozenge. Implementation is set to begin on July 1, 2015.
- **Updated provider toolkit**. The new tobacco cessation toolkit is more provider friendly. It includes new information on practice flow expectations, treatment options, and evidence-based recommendations for cessation. The toolkit also includes information on how to bill Medicaid, and information for utilization of benefits such as combination therapy and the QuitLine.

For more information on these changes or the toolkit resources, contact [Christine Fallabel](#) or [Felicia Fognani](#).

National Core Indicator-Aging and Disability project

The National Core Indicator (NCI) is a multi-state initiative to measure the performance of state developmental disabilities systems. The purpose of the NCI project is to gather a standard set of performance and outcome measures that can be used to track performance over time, compare performance and results with other states, and establish national benchmarks.

In Colorado 400 consumers currently enrolled in a state Medicaid Waiver program, specifically the Elderly Blind and Disabled (EBD) or Brain Injury (BI) or receiving services through the Older American's Act (OAA) will be surveyed by interviewers from Vital Research starting in July 2015.

Data dissemination of the NCI-AD results for this year will be directed to all interested individuals following the data analysis and reporting by the Human Services Research Institute. Specific reports will include detailed analysis of the program level data as well as state to state comparison. The Department will determine ongoing plans for future implementation in the coming years based on the results gathered from the survey, funding opportunities, long-term services and supports stakeholder feedback and opportunities for ongoing peer to peer interviewing efforts.

For more information, please contact [Danielle Culp](#).

Home Modification Stakeholder Workgroup

The Department has partnered with the Department of Local Affairs' (DOLA) Division of Housing to increase the quality of the home modification benefit provided to clients. The next six months will be a transition period during which both the Department and DOLA will be soliciting input on proposed changes to oversight of the home modification benefit.

The Department and DOLA will be co-facilitating a series of stakeholder workgroups for the home modification benefit every fourth Thursday from 10:00 a.m. – 12:00 p.m., at 303 East 17th Ave, Denver, Room 11C.

To participate by phone, call:

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant code: 516148#

We welcome participation from all groups involved in the home modification process, including clients, Occupational Therapists and Physical Therapists, case managers, contractors, stakeholders and local building code officials.

For more information, contact [Diane Byrne](#).

Contain Costs

Accountable Care Collaborative Update

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

As of May 31, 2015, about 856,000 clients were enrolled in the ACC. ACC enrollment figures continue to increase by about 20,000 new members each month.

Nearly 75% of all ACC members are now attributed to a Primary Care Medical Provider. This means that nearly 640,000 ACC members have a provider to act as their medical home.

Accountable Care Collaborative: Seeking County Input

The Department is seeking stakeholder input from residents in Elbert, Larimer and Weld Counties on where they access health care in order to inform Medicaid’s regional enrollment strategy in the [Accountable Care Collaborative \(ACC\)](#). On April 21, 2015, the [Department announced](#) key decisions for the next version of the ACC beginning July 1, 2017. Specifically, the two regional-based entities currently providing care collaboration services for physical health (Regional Care Collaborative Organizations, “RCCO”) and behavioral health (Behavioral Health Organizations, “BHO”) will be combined. To facilitate this transition the regional enrollment map was changed. While the Department has come to a decision regarding where the majority of the [counties](#) will be assigned in the new regional map, there are two counties where further stakeholder input is needed: Elbert & Larimer.

Meeting Information

<p>Larimer County Meeting – Loveland Wednesday, July 8 from 6:00-7:30pm McKee Conference & Wellness Center 2000 Boise Avenue, Loveland, CO 80538 Friends Room</p>	<p>Larimer County Meeting – Fort Collins Thursday, July 9 from 6:00-7:30pm Fort Collins Senior Center 1200 Raintree Drive, Fort Collins, CO 80256 Prairie Sage 3 Room</p>
<p>Elbert County Meeting – Kiowa Wednesday, July 15 from 6:00-7:30pm Elbert County Administration Building 215 Comanche Street, Kiowa, CO 80117 BOCC Meeting Room</p>	<p>Weld County Meeting – Greeley Monday, July 13 from 6:00-7:30pm Weld County Administration Building 1150 “O” Street, Greeley, CO 80631 Events Room</p>

For more information, contact [Lila Cummings](#) by email or by phone, 303-866-5158, or visit our [website](#).

Accountable Care Collaborative Enhanced Primary Care Medical Provider

The Accountable Care Collaborative (ACC) offers additional payment to Primary Care Medical Providers (PCMPs) that meet certain enhanced standards as a patient-centered medical home. [This fact sheet](#) summarizes the factors that must be met to receive this payment and provides an update on how many ACC providers have been identified as meeting these standards.

For more information, contact [Marty Janssen](#).



Medical Services Board

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).

Disability Rights Notice

The Colorado Department of Health Care Policy and Financing does not discriminate against any person on the basis of disability in its programs, services, and activities. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"), the Department adopted operating procedure [ADA001 Disability Rights Policy and Grievance Procedure](#). More information including a copy of this policy is available on the Department's [website](#). For further information or to file a discrimination complaint contact:

504/ADA Coordinator

Health Care Policy & Financing

1570 Grant Street

Denver, Colorado 80203

Telephone: 303-866-6010

FAX: 303-866-2828

State Relay: 711

Email: hcpf504ada@state.co.us

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time. The Department is a tobacco-free campus.

Enrollment

In May 2015, there were 1,232,065 Coloradans enrolled in Medicaid and 54,332 Coloradans enrolled in CHP+.

[Subscribe/Unsubscribe](#)

